

LHPCA - Membership Year 2011

Each member of household

Name:	<input type="text"/>	Email addr:	<input type="text"/>
Address:	<input type="text"/>	Postal code:	<input type="text"/>
Home Phone	<input type="text"/>	Membership #	<input type="text"/>
Interest in joining the Board?	<input type="text"/> Yes / No		
Interested being a Neighbourhood Watch member?	<input type="text"/> Captain / member / No		
Interest in being a Committee member?	<input type="text"/> Yes / No		
Willing to help in some activies?	<input type="text"/> Yes / No		
Signature:	<input type="text"/>	Date:	<input type="text"/>